



## Application for Transfer of a Conditional Use Permit

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Address (Es): \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Current/Most Recent Property Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

### **Acknowledgement and authorization signatures**

Conditions related to the operational aspect(s) of the business must be complied with at all times.

The signature(s) hereby certify that I have read the conditions of approval and understand that I must comply with the conditions of approval to continue operation. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application.

Owner Signature (acknowledgement and authorization): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature (acknowledgement): \_\_\_\_\_ Date: \_\_\_\_\_

